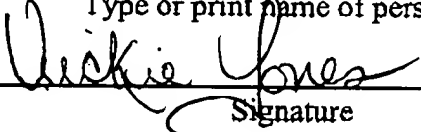


AKIN, GUMP, STRAUSS, HAUER & FELD, L.L.P.
ATTORNEYS AT LAW

One Commerce Square - 2005 Market Street - Suite 2200 - Philadelphia, PA 19103
TELEPHONE: (215) 965-1200 - FACSIMILE: (215) 965-1210
E-MAIL: lcalderone@akingump.com

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted
to the U.S. Patent and Trademark Office on the date shown below

Vickie Jones
Type or print name of person signing certification

Signature

August 7, 2001
Date

GROUP 1600
AUG 09 2001
FAX RECEIVED

FACSIMILE COVER SHEET

Examiner: Gale Gabel

FAX No.: 703-305-3014

Group Art Unit: 1641

Date: August 7, 2001

From: Lynda L. Calderone, Esq.

FAX Operator: Vickie Jones

Re: Continuation Prosecution Appln. No. 09/417,534

Title of Paper sent via Facsimile: CPA as filed August 2, 2001

Time: 2:24 p.m. **Akin, Gump File No:** 9282-6

Page 1 of 5 pages

IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CONTACT
Vickie Jones AT 215-965-1273

**THIS FACSIMILE MESSAGE IS CONFIDENTIAL AND MAY CONTAIN ATTORNEY PRIVILEGED
INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR COMPANY NAMED ABOVE.**

If you are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately call us so that we may arrange for the return of the original message to us. Thank you!

CONTINUED PROSECUTION APPLICATION (CPA REQUEST TRANSMITTAL)

Check Box, if applicable:
☐ Duplicate

Assistant Commissioner for Patents
Box CPA
 Washington, DC 20231

Attorney Docket No. 9282-6US (D 1055 US)
First Named Inventor: Elka Bucha et al.
Express Mail Label No. EL 916935297US
 Total Pages of Transmittal Form: 2

This is a request under 37 CFR 1.53(d) for a continued prosecution application (CPA) which is a
☒ Continuation or ☐ Divisional of pending prior application 09/417,534, filed on October 14, 1999.

Anticipated Group/Art Unit ____ or Class ____, Subclass ____.

- ☐ Enter the unentered Amendment previously filed on ____ under 37 CFR 1.116 in the pending non-provisional application.
- ☐ Request for Nonpublication of Application Under 35 U.S.C. §122(b) (37 C.F.R. §1.213(a)).
- ☐ Substitute Specification.
- ☐ A Preliminary Amendment is enclosed.
- ☐ This application is filed by fewer than all the inventors named in the pending application, 37 CFR 1.53(d)(4). Delete the following inventor(s) named in the prior non-provisional application:
- ☐ A new Power of Attorney is enclosed.
- ☐ An Information Disclosure Statement, PTO-1449 and cited references are enclosed.
- ☐ New formal drawings are enclosed.
- ☒ A Petition for Extension of Time along with requisite fee is enclosed.
- ☒ Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under 37 C.F.R. §1.27 as ☐ an Independent Inventor, or ☐ a Small Business Concern, or ☒ a Non-Profit Organization.
- ☐ Other:

The filing fee is calculated as follows:

			SMALL ENTITY		LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE: \$355		BASIC FEE: \$710	
Total	17 - 20 =	0	X\$9	\$	X\$18	\$
Independent	1 - 3 =	0	X\$40	\$	X\$80	\$
Multiple Dependent Claim(s) Present			\$135	\$	\$270	\$
			TOTAL	\$ 355	TOTAL	\$

Express Mail Label # **EL 916935297 US**
AKIN, GUMP, STRAUSS, HAUEI, FELD LLP
 2005 MARKET ST., SUITE 2200
 PHILADELPHIA, PA 19103

8204

PAY
TO THE
ORDER OF

COMMISSIONER OF PATENTS & TRADEMARKS

DATE August 2, 2001 15-122/540

\$ 800.00

THE FOLLOWING DOLLARS

DOLLARS

FIRST UNION
First Union National Bank
firstunion.com
 676.052 R/T 054001220

FOR CPA Request for Letter of Time

Raymond A. Hark

10282.0006 0008 2011 0540012201 200000572114611

EL 916935297 US

ATTY LIC SECY uj PATENT RETURN POSTCARD
 ATTY DKT # 9282-645 TODAY'S MAILING DATE 8/2/01
 EXPRESS MAIL # EL 916935297 US /CERT OF MAIL/CERT OF SERVICE
 PAT APP/PATENT/REEXAM/INTF# 09/417.534
 OF Elka Buchg, et al
 FOR: Interactive system for Presenting and Eliminating Substances
 RECEIPT IS ACKNOWLEDGED BY THE USPTO FOR THE FOLLOWING:
☐ PAT AP(PROV/NON-PROV/DES/REISSUE) ☒ CPA REQUEST + 1 copy
☐ DECL & POW(EXECUTED/UNEXECUTED) ☐ AMEND/REQ RECONS/ RESTR.REQ. RESPONSE
☐ PAGES TOTAL TEXT ☐ RESPONSE TO MISSING PARTS
☐ TOTAL # CLAIMS ☐ INF.DISC.STMT. PTO-1449 & REFS
☐ SHEETS DRAWING (FORMAL/INFORMAL) ☒ PET.EXT.TIME 3 MONTHS + 1 copy
☐ SEQUENCE LISTING (PAPER COPY/DISK) ☐ ASSIGN/CHG NAME/MERGER/SEC. INT
☐ COMPUTER CODE ☐ PTO-1595 FORM
☐ PRELIMINARY AMENDMENT ☐ VERF.STATE - SMALL ENTITY
☐ PRIORITY DOC. ☐ NOTICE APPEAL/APPEAL BRIEF/(3 COPIES)
☐ COUNTRY NO. ☐ SUPPL. DECL.
☐ TRANSMITTAL LTR (US/PCT/NAT'L PHASE) ☐ FEE AUTH (FINAL/MAINT/DISCLAIMER)
☐ REV/APPT OF ATTORNEY ☐ REQUEST (STATUS/CERTIF CORR/COR FILING RT/REFUND)
 TOTAL FEES AUTH CHARGE DEF ACCT. # 601017 \$ 800.00 (check # 8204)
 OTHER (PAPER TITLE)



EL 916935297 US



**POST OFFICE
TO ADDRESSEE**

UNITED STATES POSTAL SERVICE®

ORIGIN (POSTAL USE ONLY)		
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date in Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
Time in <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day	Return Receipt Fee
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
NO DELIVERY	<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Customer Signature

CUSTOMER USE ONLY
 METHOD OF PAYMENT: **X191008**
 Express Mail Corporate Acct. No.

FROM: (PLEASE PRINT) PHONE **215,965 1200**

**AKIN GUMP STRAUSS
HAUER & FELD LLP
2005 MARKET ST FL 22
PHILADELPHIA PA 19103-7014**

209282.0006 LIC/uj

Federal Agency Acct. No. or
Postal Service Acct. No.

TO: (PLEASE PRINT) PHONE

**ASSISTANT COMMISSIONER FOR PATENTS
Box CPA
WASHINGTON, DC 20231**

PRESS HARD FOR PICKUP OR TRACKING CALL 1-800-222-1811 **www.usps.com** **EMS**

Mailing Label
Label 11-F August 2000

FO: T

12.